



## New or Provisional (Temporary) Operator's License Application - \$15

*Application to serve fermented malt beverages and intoxicating liquors in the Village of Barneveld. Operator's License is valid from date of issuance until June 30, 2026. Provisional (temporary) Licenses are valid for 60 days or until your Operators License is issued, whichever may occur first.*

*This application is for new and provisional (temporary) Operator's License. If you have previously applied with the Village of Barneveld and need to renew your license, please fill out the Renewal Operator License Application. Please attach a copy of your current Drivers License or State Issued Photo ID **AND** a copy of your alcohol servers course certification.*

*Payments can be made online or in person by cash or check. Online payments process at time of application submission. If the Village Board does not approve application, your payment will be refunded. In person payments can be made when picking License up from the Village Office. We will let you know once this happens and when you may pick up your license.*

**ALL AREAS MUST BE COMPLETED FOR FORM TO BE ACCEPTED FOR REVIEW**

**License Type**      ☐ New Operator License      ☐ Provisional (Temporary) Operator License

**First Name**

**Middle Name**

**Last Name**

**Previous names used (if changed within the last 2 years)**

**Gender**

☐ Male

☐ Female

☐ Prefer not to answer

**Current Address**

**Previous Address (if changed within the last 2 years)**

**Phone**

**Date of Birth**

**Email Address**

**Driver License Number**

**Issuing State**

**Establishment for which you will be serving/selling malt beverages and/or intoxicating liquors**

**Within the last 2 years, have you or did you complete one of the following?**

- ☐ Alcohol servers course   ☐ Sole proprietor of retail alcohol license  
☐ Held an operators license in Wisconsin  
☐ Were an alcohol agent for a retail alcohol license

**Have you ever been arrested or convicted of violating any law or ordinance regulating the sale of fermented malt beverages or intoxicating liquors?**

- ☐ Yes  
☐ No

**If yes, please provide dates of offenses, jurisdiction of charges and nature of offenses**

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**Have you ever been arrested or convicted of a felony or any alcohol-related or drug-related misdemeanor?**

- ☐ Yes  
☐ No

**If yes, please provide dates of offenses, jurisdiction of charges and nature of offenses**

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**Have you ever been arrested or convicted of operating a motor vehicle while intoxicated?**

- ☐ Yes  
☐ No

**If yes, please provide dates of offenses, jurisdiction of charges and nature of offenses**

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**Are there now any criminal charges pending against you?**

- ☐ Yes   ☐ No

**If yes, please provide dates of offenses, jurisdiction of charges and nature of offenses**

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*TO THE VILLAGE OF BARNEVELD, I the undersigned, do hereby apply for a license to serve Fermented Malt Beverages and Intoxicating Liquors, subject to the limitations empowered by Chapter 125.04(4) of the Wisconsin State Statutes, and all acts amendatory thereof and supplementary thereto, and hereby agree to comply with all laws, resolutions, ordinances, and regulations, Federal, State or Local affecting the sale of such beverages and liquors if a license be granted to me from the date hereof to June 30, 2026, inclusive unless sooner revoked. I understand that omissions or false answers on this application may result in automatic denial. The Police Chief and Village Clerk will review applications. Applications will be submitted to the Village Board for either approval or denial at regularly scheduled Village Board meetings. I am aware that if I am denied a license that does not conclude that I cannot ask the Village Board to reconsider. I am not required to attend the next Village Board meeting in person but am highly encouraged to do so. I will be contacted regarding a denial of application.*

**Applicant Signature**

**Date**

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**For Police Department Use Only**

**Approves or Denies?**

- ☐ Approves   ☐ Denies

**If Denial, please give reason**

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**Police Chief Signature**

**Date**

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